

ONE DAY OF TRASH COLLECTION WORKSHEET

Family Name: _____

Total number of items collected in one day of trash: _____

List of **recyclable items** (*circle appropriate category > plastic or non-plastic*):

Qty:	Item:	non-plastic	plastic
Qty:	Item:	non-plastic	plastic
Qty:	Item:	non-plastic	plastic
Qty:	Item:	non-plastic	plastic
Qty:	Item:	non-plastic	plastic
Qty:	Item:	non-plastic	plastic
Qty:	Item:	non-plastic	plastic
Qty:	Item:	non-plastic	plastic
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Qty:	Item:	non-plastic	plastic
Qty:	Item:	non-plastic	plastic
Qty:	Item:	non-plastic	plastic
Qty:	Item:	non-plastic	plastic

_____ Total number of plastic items collected

_____ < Please mark with an "X" if none of your items are recyclable

Questions for your family to think about:

What items could I easily replace with plastic-free or less plastic alternatives?

What items would I be willing to give up if a plastic-free alternative doesn't exist.

What items are essential and seem to have no plastic-free alternative?

What one plastic item am I willing to give up or replace this week?

What other conclusions, if any can I draw from this exercise?

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Draw your trash & recyclable items or attach a photo. Please label your items.